Proposed ***Rules and Regulations Pertaining to the Reporting of Communicable, Environmental, and Occupational Diseases*** (R23-10-DIS) and ***Rules and Regulations for Licensing of Hospitals*** (R23-17-HOSP)

Community Review Meeting Minutes
Monday, 11 February 2008

Persons in Attendance: See attached sign-in sheet.

The meeting was convened at 2:35 p.m. by Robert Vanderslice, Ph.D., Healthy Homes and Environment Team Leader, Rhode Island Department of Health, who provided an overview of the regulatory process and the issues under discussion. Dr. Vanderslice indicated that universal carbon monoxide (CO) screening is not the routine standard of care now. The hospital regulations do not contain specific requirements for the use of the co-pulsoxymeter equipment cited in section 24.15 (l). Dr. Vanderslice welcomed input from the group on the issue of selective screening of specific populations versus universal screening.

The following section of the proposed hospital regulations is proposed to be amended: 24.15 (l). The following sections of the disease reporting regulations are proposed to be amended: new section 9.0 related to non-occupational acute carbon monoxide reporting and section 3.1 related to PPD (Tuberculosis) reporting.

Robert Crausman, M.D., M.S., Chief of the Board of Medical Licensure and Discipline and State Epidemiologist, who was also in attendance, asked for feedback regarding section 3.1 (Tuberculosis reporting). There were no comments from the group on this issue.

The CO issues/questions raised by the group related to the following:

- Drs. Suner and Jay, Lifespan physicians, presented their findings related to the Emergency Department (ED) screening of 14,000 patients, 11 of whom had elevated CO levels. CO poisoning is a widely underreported condition in which patients can present with symptoms as varied as a flu-like condition and changes in mental status. These symptoms correlate with occult CO exposure, according to Dr. Jay.
- No cost-benefit studies have been performed to date on this issue. Costs include: purchase of the machine (co-pulsoxymeter), probe, staff time to administer, printing costs for triage sheets.

- Dr. Jay suggested "judicious screening" during the winter months when CO risk is greatest.
- Confirmatory blood gas testing is where most of the money will be spent on testing for this condition. Hospitals do not want "unfunded mandates."
- Representatives from the Hospital Association of Rhode Island (HARI) questioned several aspects of the proposed regs:
    - Are all hospital labs in RI equipped to measure blood gasses? Do all hospitals have the required co-pulsoxymeters?
    - Are there any other states pursuing regulatory changes on this issue?
    - Are hospital ED's the best place to perform routine CO screening? What about primary care sites and emergency vehicles? If screening could occur in primary care settings, is there an efficient way to conduct confirmatory blood gas testing? (It is possible that 0.5 to 1% of patients could screen positive in some settings).
    - Is there a standard protocol for the screening and use of the equipment? Lack of standardization may create liability issues that hospitals would need to address.
    - HARI suggested conducting a survey of its membership to assess the interest in running a pilot program. Such a pilot could be run in tandem with community-based screening sites and would be done in lieu of rule-making, as a first step.
- How will the reported CO data be used by the Department? What is the value of the data? (The Department is authorized to do follow-up on cases, similar to lead poisoning).
- Representative from Masimo, the equipment manufacturer, were asked to compile statistics on who currently uses their instrument (health care settings, geographical areas, etc).
- There is no research available on CO poisoning levels specifically in children. This is an area that deserves further study.

Dr. Vanderslice indicated that the comments received will be reviewed by staff and interested parties will be notified electronically of next steps, probably by the end of March.

The meeting adjourned at 3:30 p.m.

Respectfully submitted,
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February 13, 2008